

**INTAKE SOCIAL HISTORY**

MM DD YY  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please answer all questions as completely as possible. All information will be held confidential.**

**IDENTIFYING INFORMATION:**

- 1.** Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street Apt. # City State ZIP Code  
Mailing Address: \_\_\_\_\_  
Street Apt. # City State ZIP Code  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Diagnosed Condition: \_\_\_\_\_  
Any other medical diagnosis (if known): \_\_\_\_\_
- 2.** Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Deceased: \_\_\_\_\_ If so, date: \_\_\_\_\_ Cause of death: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Street Apt. # City State ZIP Code  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_  
Are you currently employed? \_\_\_\_\_  
List any major illness, seizures, mental problems, alcoholism, or history of developmental disabilities and/or mental retardation, if any, of father or father's family:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3.** Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Deceased: \_\_\_\_\_ If so, date: \_\_\_\_\_ Cause of death: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Street Apt. # City State ZIP Code  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_  
Are you currently employed? \_\_\_\_\_  
List any major illness, seizures, mental problems, alcoholism, or history of developmental disabilities and/or mental retardation, if any, of mother or mother's family:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Brothers and Sisters: (Identify if full siblings or half siblings)**

<b>Name</b>	<b>Birth Date</b>	<b>Gender</b>	<b>Health Issues</b>

**5. Household Information: (List all additional individuals living with the applicant)**

<b>Name</b>	<b>Birth Date</b>	<b>Gender</b>	<b>Relationship</b>	<b>Marital Status</b>	<b>Health Issues</b>

**6. Describe any major illnesses or disability of the applicant's brothers and sisters:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Information about the primary care giver(s): (coping skills, physical and mental health)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Does the applicant live with both natural parents? \_\_\_\_\_ If not, explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Please check if death ☐ or divorce ☐ occurred. How old was the applicant at the time?**

\_\_\_\_\_

**10. Has the applicant ever lived in a residential setting outside the home, e.g. foster care, group home etc.? \_\_\_\_\_ If yes, explain:**

\_\_\_\_\_

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**11. Have there been any major family incidents or personal tragedies (death, rape, abuse, imprisonment...) which may have affected the applicant? \_\_\_\_\_ If yes, explain and tell when:**

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**FAMILY FINANCES AND INSURANCE:**

- 12.** Does the applicant have insurance, (e.g. Medicaid/Medicare or private insurance) please list? \_\_\_\_\_  
Medicaid/Medicare # if applicable: \_\_\_\_\_
- 13.** Do other household members have insurance, (e.g. Medicaid/Medicare or private insurance) please list? \_\_\_\_\_  
Medicaid/Medicare # if applicable: \_\_\_\_\_
- 14.** Does the applicant/family receive any benefits? (e.g. Social Security, adoption subsidy, trust funds, VA, railroad retirement, child support, food stamps, housing assistance, church assistance, etc.) If so, please list with monetary amounts.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 15.** Are there any monthly out of pocket medical expenses and/or outstanding unpaid medical bills? If so please list how much.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 16.** What is the total annual household gross income including items listed on #14, please check below? (e.g. earned income, government benefits, child support, etc.)  
\$0-\$14,999 ☐ \$15,000-\$29,999 ☐ \$30,000-\$44,999 ☐ \$45,000-\$59,999 ☐ \$60,000-\$74,999 ☐  
\$75,000+ ☐

**DEVELOPMENTAL HISTORY OF APPLICANT:**

- 17.** Pregnancy:  
Mother's age at time of applicant's birth: \_\_\_\_\_ Number of months of pregnancy: \_\_\_\_\_  
Was mother ill or in poor health during pregnancy? \_\_\_\_\_ if yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Was miscarriage threatened? When? \_\_\_\_\_  
Were any drugs or alcohol used? \_\_\_\_\_ If yes, describe type and amount: \_\_\_\_\_  
Were any medical procedures performed during pregnancy (such as x-ray)? If so, describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 18.** Birth:  
Length of active labor: \_\_\_\_\_ Anesthetic (if any) used: \_\_\_\_\_ Birth Weight: \_\_\_\_\_  
\_\_\_\_\_

Type of delivery (breech, C-section, forceps assisted): \_\_\_\_\_

Was the delivery unusual in any way? \_\_\_\_\_ If yes, explain:

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List any problems, such as "failure to thrive", jaundice, birth injury, seizures, difficult breathing, the applicant might have had:

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List any medical diagnoses made: \_\_\_\_\_

**19.** At what age was concern first raised regarding the applicant's development? \_\_\_\_\_

**20.** Childhood:

Age applicant first sat up	_____
Age applicant first walked alone	_____
Age applicant first began talking	_____
Age applicant first toilet trained	_____

**21.** Has the applicant ever lost skills or abilities once achieved? \_\_\_\_\_ If yes, explain:

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**22.** Did the applicant have all required immunizations? \_\_\_\_\_ Are they current? \_\_\_\_\_

**23.** What were the applicant's problem habits, characteristics, temperament or special problems as a child?

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**24.** Check any of the characteristics/behaviors below which apply/applied to the applicant **as a child growing up:**

- |                                    |   |
|------------------------------------|---|
| ( ) Shy or timid                   | ( ) Very active, into things more than others               |
| ( ) Withdrawn                      | ( ) Restless  |
| ( ) Bedwetting                     | ( ) Often hit, hurt or was aggressive toward other children |
| ( ) Cried easily or often          | ( ) Unusual fears   |
| ( ) Temper tantrums                | ( ) Rocking   |
| ( ) Head banging                   | ( ) More interested in things than other people             |
| ( ) Daredevil behaviors            | ( ) Strange thoughts  |
| ( ) Less active than most children | ( ) Difficult to control                                    |
| ( ) Fought constantly              | ( ) Destructive   |
| ( ) Excitable, impulsive           | ( ) Disliked being touched                                  |

- ( ) Quarrelsome ( ) Loner
- ( ) Distractible, poor attention span ( ) Feelings easily hurt
- ( ) Problems making and keeping friends ( ) Was cruel to pets or animals
- ( ) Denied mistakes and blamed others ( ) Stole things from others
- ( ) Let self be pushed around ( ) Often injured self

**25.** Has the applicant had previous emotional/mental illness which required treatment? \_\_\_\_\_ If yes, briefly describe problems and symptoms, location and date of treatment:

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**26.** Has the applicant had any changes in behavior and/or mood such as being sad, anxious, withdrawn, angry, aggressive, suspicious, excited etc.? \_\_\_\_\_ When did any change from past behavior and/or mood happen?

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**27.** Has this applicant had abnormal thoughts? \_\_\_\_\_ If yes, describe:

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**28.** Does the applicant hear imaginary voices? \_\_\_\_\_ See things that are not there? \_\_\_\_\_ If yes, do voices ever accuse or instruct the applicant? Briefly describe:

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### **MEDICAL HISTORY:**

**29.** List any major illnesses, injuries, seizures, etc. and age these took place:

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**30.** List lifetime history of hospitalizations: (Include both physical and psychiatric)

Reason for hospitalization	Date	Location

**31.** Does the applicant have any vision problems? \_\_\_\_\_ If yes, were glasses prescribed? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Date of last vision check: \_\_\_\_\_

**32.** Does the applicant have a known hearing loss? \_\_\_\_\_ If yes, were hearing aids prescribed? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Date of last hearing test: \_\_\_\_\_

**33.** List any relevant physical problems:

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**34.** Has or does the applicant have problems with alcohol or drug dependence? \_\_\_\_\_ Briefly describe:

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**35.** Emergency Contacts:

Name	Address	Phone number	Date last seen
Physician:			
Dentist:			
Responsible Party:			
Guardian:			

**EDUCATIONAL HISTORY:**

**36.** Did the applicant attend pre-school? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

**37.** At what age did the applicant begin elementary school? \_\_\_\_\_

**38.** How many grades have been completed? \_\_\_\_\_

**39.** Were any grades repeated? \_\_\_\_\_ If yes, why? \_\_\_\_\_

**40.** Which grades, if any, involve/involved special education? \_\_\_\_\_  
Classification: \_\_\_\_\_ Self-contained or resource: \_\_\_\_\_

Schools Attended	Dates

**41.** Why did the applicant stop attending (graduation or other reason)?

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**42.** Describe any specific school problems or special achievements:

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**VOCATIONAL HISTORY:**

- 43.** Has the applicant had work related problems? (e.g. reliability, dependability, interaction with co-workers or supervisors) Explain:

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- 44.** Describe any work related special skills or success:

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- 45.** List all past:

Vocational placements or Employment	Dates

**PRESENT STATUS:**

- 46.** Describe any current behavioral problems:

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- 47.** List any allergies:

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- 48.** List current medications:

Name	Dosage	By Whom	Reason Prescribed

- 49.** List past prescribed medications:

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50. Briefly describe any mental health problems:

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51. Briefly describe any physical health problems: (e.g. seizures, sleeping problems, feeding/breathing assistance)

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52. Is the applicant able to walk? \_\_\_\_\_ Any paralysis? \_\_\_\_\_ Any tremors or spasticity? \_\_\_\_\_  
Is speech/talking difficult for strangers to understand? \_\_\_\_\_

**CURRENT SOCIAL ADJUSTMENT:**

53. Social Relationships:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Family	_____	_____	_____	_____
Friends	_____	_____	_____	_____
Others of same age	_____	_____	_____	_____
Male	_____	_____	_____	_____
Female	_____	_____	_____	_____

Briefly explain any problems with current relationships:

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54. Does the applicant have any sexual issues which are inappropriate and/or cause concern? \_\_\_\_\_ If yes, briefly describe:

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55. Has the applicant had any involvement with The Division of Child and Family Services (DCFS), Adult Protective Services (APS) or Youth Corrections? \_\_\_\_\_ If yes, please explain:

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56. Has the applicant ever been arrested? \_\_\_\_\_ If yes, briefly describe charge(s), circumstances, what happened and dates. Has the applicant been in jail or prison? \_\_\_\_\_

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**SUMMARY AND RECOMMENDATIONS:**

57. Briefly describe present needs or situations and include anything which will help us to better understand the needs of the applicant:

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Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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Intake Worker/Support Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

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QMRP Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_